

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/351,263

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2		✓		✓		
3		✓		✓		
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TOTAL IND.	1		1			
TOTAL DEP.	4		4			
TOTAL CLAIMS	5		5			
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